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Image# 201511199003376174

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIN 3X F	For Other Than An Authorized Committee	Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼ Example: If typing, type over the lines.	12FE4M5
Americas Health Insura	ance Plans PAC (AHIP PAC)	
ADDRESS (number and street) Check if different than previously reported. (ACC)	601 Pennsylvania Avenue, NW South Building, Suite 500 Washington	DC 20004 -
2. FEC IDENTIFICATION NU	JMBER ▼ CITY ▲	STATE ▲ ZIP CODE ▲
C C00106740	3. IS THIS REPORT X (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Quarterly Report (Parameter) Report (Parameter) (Non-election Year Only) (MY) Termination Report (TER)	Primary (12P) PRE-Election Report for the: Convention (12C) Election on Convention (12C)	M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
5. Covering Period 10		M / D D / Y Y Y Y Y Y 31 2015
•	is Report and to the best of my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	Marilyn B. Tavenner	
Signature of Treasurer Maril	yn B. Tavenner [Electronically Filed]	Date 11 / 19 / 2015
NOTE: Submission of false, errone	eous, or incomplete information may subject the person signir	ng this Report to the penalties of 2 U.S.C. §437g.
Office Use Only		FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 10 01 2015 To: 10 31 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		47941.84
	(b) Cash on Hand at Beginning of Reporting Period	73986.35	
	(c) Total Receipts (from Line 19)	25437.48	205728.64
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	99423.83	253670.48
7.	Total Disbursements (from Line 31)	34247.25	188493.90
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	65176.58	65176.58
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

ontributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	20045.86	127050.50 8654.14
Than Political Committees (i) Itemized (use Schedule A) (ii) Unitemized	367.62	
(ii) Itemized (use Schedule A)	367.62	
(ii) Unitemized(iii) TOTAL (add	367.62	
(iii) TOTAL (add		8654.14
	20413.48	135704.64
Political Party Committees	0.00	0.00
Other Political Committees		
	5000.00	70000.00
•		
	25413.48	205704.64
	0.00	0.00
Commucoo	0.00	3.00
Loans Received	0.00	0.00
Louis riccolved		
	0.00	0.00
1 1	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	0.00
	0.00	0.00
·		
, ,	24.00	24.00
(from Schedule H3)	0.00	0.00
Levin Funds (from Schedule H5)	0.00	0.00
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	(such as PACs)	(such as PACs)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Dperating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
,	Expenditures	747.25	993.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	747.25	993.90
22. T	Fransfers to Affiliated/Other Party		
	CommitteesContributions to	0.00	0.00
F	Federal Candidates/Committees and Other Political Committees	33500.00	182500.00
	ndependent Expenditures use Schedule E)	0.00	0.00
25. C	Coordinated Party Expenditures 2 U.S.C. §441a(d))		7 7 7
(use Schedule F)	0.00	0.00
26. L	oan Repayments Made	0.00	0.00
		0.00	0.00
28. F	_oans Made Refunds of Contributions_To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
,		0.00	0.00
`	b) Political Party Committees c) Other Political Committees	0.00	0.00
((such as PACs)	0.00	5000.00
(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	5000.00
29. C	Other Disbursements	0.00	0.00
	- I - I - I - I - I - I - I - I - I - I		
	Federal Election Activity (2 U.S.C. §431(20)) a) Allocated Federal Election Activity		
((from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
,	With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
31. T	Fotal Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	34247.25	188493.90
	Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	34247.25	188493.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	25413.48	205704.64
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25413.48	200704.64
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	747.25	993.90
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	747.25	993.90

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Brad Alexander Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2015 10 City Zip Code State Transaction ID: 2015110495242-2 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.42 federal political committee. Name of Employer Occupation Media Relations Coordinator America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 208.40 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 10 15 2015 City State Zip Code Transaction ID: 201511049569-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation Americas Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 2625.00 Other (specify) Full Name (Last, First, Middle Initial) Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 10 2015 City State Zip Code Transaction ID: 2015110495242-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Name of Employer Occupation Vice President Americas Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 2625.00 Other (specify) 260.42 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Tom Amontree Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 10 City Zip Code State Transaction ID: 201511049569-4 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Business Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 4166.60 Other (specify) Full Name (Last, First, Middle Initial) B. Tom Amontree Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 10 30 2015 City State Zip Code Transaction ID: 2015110495242-4 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Business Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 4166.60 Other (specify) Full Name (Last, First, Middle Initial) c. Chris Anderson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 10 2015 City State Zip Code Transaction ID: 2015110495242-1 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.42 С federal political committee. Name of Employer Occupation Associate-Clinical Affairs America's Health Insurance Plans (AHIP Receipt For: Aggregate Year-to-Date ▼ Primary General 208.40 Other (specify) 427.08 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 8 Use separate schedule(s) (check only one) X 11a 11b 11c

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Marc Backon Date of Receipt Mailing Address 5 Sandhopper Trl 05 2015 10 City Zip Code State Transaction ID: 296611B279B44B6B84CB CT Westport 06880-5070 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Tufts Health Plan Senior Vice President and Chief Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Barrie Baker Jr. Date of Receipt Mailing Address 1015 Serpentine Ln 10 05 2015 City State Zip Code Transaction ID: 2F09D1525AB64DCC8542 PA Wyncote 19095-1616 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Tufts Health Plan Network Health Chief Medical Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia Blake Date of Receipt Mailing Address 175 Maskwonicut St 09 10 2015 City State Zip Code Transaction ID: 485426DAF48F43B08715 MA Sharon 02067-1236 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Vice President Tufts Health Plan Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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OF

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Carmella Bocchino Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 10 City Zip Code State Transaction ID: 201511049569-5 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Clinical Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 4166.60 Other (specify) Full Name (Last, First, Middle Initial) B. Carmella Bocchino Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 10 30 2015 City State Zip Code Transaction ID: 2015110495242-5 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Clinical Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 4166.60 Other (specify) Full Name (Last, First, Middle Initial) c. Dianne Bricker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 10 15 2015 Suite 500, South Building City State Zip Code Transaction ID: 201511049569-6 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 908.40 Other (specify) 458.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and State or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Dianne Bricker Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Regional Director Aggregate Year-to-Date 908.40	Date of Receipt 10 30 2015 Transaction ID: 2015110495242-6 Amount of Each Receipt this Period 41.67
Full Name (Last, First, Middle Initial) Kathleen Callanan Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Vice President Aggregate Year-to-Date ▼ 1816.60	Date of Receipt 10 15 2015 Transaction ID: 201511049569-7 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Kathleen Callanan Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Vice President Aggregate Year-to-Date ▼	Date of Receipt 10 30 2015 Transaction ID: 2015110495242-7 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of	<u> </u>	208.33

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Tracey Carter Date of Receipt Mailing Address 111 Robert Rd 05 2015 10 City Zip Code State Transaction ID: 11836DCCF018416399E0 Marlborough MA 01752-6531 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation VP Acturial Services, Pricing and Unde Tufts Health Plan Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Winthrop Cashdollar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 10 15 2015 City State Zip Code Transaction ID: 201511049569-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 1600.00 Other (specify) Full Name (Last, First, Middle Initial) Winthrop Cashdollar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 10 2015 City State Zip Code Transaction ID: 2015110495242-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 1600.00 Other (specify) 625.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FC	R	LINE	NU	MBER	:	PAGE	_ ′	12	OF	47
Use separate schedule(s) for each category of the	(ch	necl	k only	or	ne)		,				
Detailed Summary Page		X 1	11a		11b		11c		12		
, ,		- 11	13 l		14		15		16		17

17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 10 City Zip Code State Transaction ID: 201511049569-10 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Marketing and Graphics Receipt For: Aggregate Year-to-Date ▼ Primary General 2233.40 Other (specify) Full Name (Last, First, Middle Initial) **B.** Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 10 30 2015 City State Zip Code Transaction ID: 2015110495242-10 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Marketing and Graphics Receipt For: Aggregate Year-to-Date ▼ Primary General 2233.40 Other (specify) Full Name (Last, First, Middle Initial) **c.** Lois Cornell Date of Receipt Mailing Address 31 Farm Hill Rd 10 05 2015 City Zip Code State Transaction ID: 5E29CDF49D1B492B8EE8 MA Natick 01760-5552 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Sr VP of HR, General Counsel, Sr. Comp Tufts Health Plan Receipt For: Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)			7	Ξ	Ξ	7	Ξ	7	08.3	4	
TOTAL This Period (last page this line number only)		_	7	_	_	7	_	_	Ĭ.	_]

500.00

Primary

Other (specify)

General

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

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FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Gregory Dean Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2015 10 City Zip Code State Transaction ID: 2015110495242-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Insurance Education** Receipt For: Aggregate Year-to-Date ▼ Primary General 1275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patrice Devoe Date of Receipt Mailing Address 12 Kelley Rd 10 05 2015 City State Zip Code Transaction ID: DFA31BF406D046D79EA5 MA Wilmington 01887-2447 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Tufts Health Plan VP, Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Mary Beth Donahue Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 10 15 2015 City State Zip Code Transaction ID: 201511049569-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive VP, Policy & Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 4166.60 Other (specify) 520.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mary Beth Donahue Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2015 10 City Zip Code State Transaction ID: 2015110495242-14 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive VP, Policy & Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 4166.60 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 10 15 2015 City State Zip Code Transaction ID: 201511049569-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 3958.27 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 10 15 2015 Suite 500, South Building City State Zip Code Transaction ID: 201511049569-17 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 933.40 Other (specify) 458.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2015 10 City Zip Code State Transaction ID: 2015110495242-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 933.40 Other (specify) Full Name (Last, First, Middle Initial) B. George Film Date of Receipt Mailing Address 5551 Crock St 10 02 2015 City State Zip Code Transaction ID: E1393782287D4D97A010 OH Louisville 44641-8783 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation AultCare AVP of Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Andrea Finley Date of Receipt Mailing Address 782 Crestland Ave SE 02 10 2015 City Zip Code State Transaction ID: A638A8873B884EDCA98E OH North Canton 44720-3300 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation AVP Compliance and Internal Audit Aultcare Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1041.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Kathryn Gallagher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 10 City Zip Code State Transaction ID: 201511049569-18 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Policy Analyst Receipt For: Aggregate Year-to-Date ▼ Primary General 441.60 Other (specify) Full Name (Last, First, Middle Initial) B. Kathryn Gallagher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 10 30 2015 City State Zip Code Transaction ID: 2015110495242-17 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Policy Analyst Receipt For: Aggregate Year-to-Date ▼ Primary General 441.60 Other (specify) Full Name (Last, First, Middle Initial) c. Candy Gallaher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 10 15 2015 City State Zip Code Transaction ID: 201511049569-19 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Senior Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 933.40 Other (specify) 83.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 18 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any p the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Pl	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Candy Gallaher Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	N.W. State Zip Code DC 20004 C Occupation Senior Vice President Aggregate Year-to-Date ▼ 933.40	Date of Receipt 10 30 2015 Transaction ID: 2015110495242-18 Amount of Each Receipt this Period 41.67
Full Name (Last, First, Middle Initial) Leanne Gassaway Mailing Address 601 Pennsylvania Avenue I Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	N.W. State Zip Code DC 20004 C Occupation Regional Director Aggregate Year-to-Date ▼	Date of Receipt 10 15 2015 Transaction ID: 201511049569-20 Amount of Each Receipt this Period 27.08
Full Name (Last, First, Middle Initial) Leanne Gassaway Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	N.W. State Zip Code DC 20004 C Occupation Regional Director Aggregate Year-to-Date ▼ 591.60	Date of Receipt 10 30 2015 Transaction ID: 2015110495242-19 Amount of Each Receipt this Period 27.08
SUBTOTAL of Receipts This Page (optional).		95.83
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Patrick Geraghty Date of Receipt Mailing Address 1800 Yankee Doodle Rd MS: P34 2015 10 06 City Zip Code State Transaction ID: 1AA7A13BC3324A39B965 MN Eagan 55121-1644 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation President and CEO Blue Cross and Blue Shield of Florida Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Cynthia Goff Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 10 15 2015 City State Zip Code Transaction ID: 201511049569-21 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation BlueCross and BlueShield of Minnesota **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.60 Other (specify) Full Name (Last, First, Middle Initial) c. Cynthia Goff Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 10 2015 City State Zip Code Transaction ID: 2015110495242-20 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation **Executive Director** BlueCross and BlueShield of Minnesota Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.60 Other (specify) 2666.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 20 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Rick Haines Date of Receipt Mailing Address 2600 6th St SW 2015 10 02 City Zip Code State Transaction ID: 29CBBBC5E33846788D13 OH Canton 44710-1702 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 federal political committee. Name of Employer Occupation President & CEO Aultcare Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Hamelburg Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 10 15 2015 City State Zip Code Transaction ID: 201511049569-22 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Hamelburg Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 10 2015 City State Zip Code Transaction ID: 2015110495242-21 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Name of Employer Occupation Senior Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

FOR LINE NUMBER: PAGE 21 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Wendy Henson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 10 City Zip Code State Transaction ID: 201511049569-23 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Wendy Henson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 10 30 2015 City State Zip Code Transaction ID: 2015110495242-22 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joni Hong Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 10 15 2015 Suite 500, South Building City State Zip Code Transaction ID: 201511049569-24 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel, Special Proj Receipt For: Aggregate Year-to-Date ▼ Primary General 625.00 Other (specify) 51.25 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Joni Hong Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2015 10 City Zip Code State Transaction ID: 2015110495242-23 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel, Special Proj Receipt For: Aggregate Year-to-Date ▼ Primary General 625.00 Other (specify) Full Name (Last, First, Middle Initial) B. Burt Hudson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 10 15 2015 City State Zip Code Transaction ID: 201511049569-25 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Client Learning Servi Receipt For: Aggregate Year-to-Date ▼ Primary General 833.40 Other (specify) Full Name (Last, First, Middle Initial) c. Burt Hudson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 10 2015 City State Zip Code Transaction ID: 2015110495242-24 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Client Learning Servi Receipt For: Aggregate Year-to-Date ▼ Primary General 833.40 Other (specify) 114.59 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 23 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Paul Kasuba Date of Receipt Mailing Address 13 Loew Cir 09 2015 10 City Zip Code State Transaction ID: B27685D4246D40D38D82 Milton MA 02186-1043 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Tufts Health Plan Chief Medical Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Aryana Khalid Date of Receipt Mailing Address 601 Pennsylvania Ave NW Suite 500, South Building 10 30 2015 City State Zip Code Transaction ID: E59E693135AE40DF90A9 DC Washington 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation **AHIP Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 208.33 Other (specify) Full Name (Last, First, Middle Initial) c. Erik Komendant Date of Receipt Mailing Address 601 Pennsylvania Ave NW Suite 500, South Building 10 07 2015 City Zip Code State Transaction ID: 946D592AE7B943BAA72E DC Washington 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Annual Contribution Installment 2 Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 2025.00 Other (specify) 1708.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 24 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Denise Kress Date of Receipt Mailing Address 70 Banks St 09 2015 10 City Zip Code State Transaction ID: 8D0BBC346BE14DD8A6B2 Winthrop MA 02152-1906 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Tufts Health Plan Director, Care Mgt Senior Products Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Clare Krusing Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 10 15 2015 City State Zip Code Transaction ID: 201511049569-28 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Deputy Press Secretary** Receipt For: Aggregate Year-to-Date ▼ Primary General 664.62 Other (specify) Full Name (Last, First, Middle Initial) c. Clare Krusing Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 10 2015 City State Zip Code Transaction ID: 2015110495242-28 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Deputy Press Secretary** Receipt For: Aggregate Year-to-Date ▼ Primary General 664.62 Other (specify) 350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 25 OF Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	PAC (AHIP PAC)	
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼	State Zip Code DC 20004 C Decupation Vice President Aggregate Year-to-Date ▼ 1666.60	Date of Receipt 10 15 2015 Transaction ID: 201511049569-29 Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	State Zip Code DC 20004 C Decupation ice President Aggregate Year-to-Date ▼ 1666.60	Date of Receipt 10 30 2015 Transaction ID: 2015110495242-29 Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Persist For:	State Zip Code DC 20004 C Decupation /ice President, Federal Affairs Aggregate Year-to-Date ▼ 1666.60	Date of Receipt 10 15 2015 Transaction ID: 201511049569-30 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only		249.99

FOR LINE NUMBER: PAGE 26 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Courtney Lawrence Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2015 10 City Zip Code State Transaction ID: 2015110495242-30 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation Vice President, Federal Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.60 Other (specify) Full Name (Last, First, Middle Initial) B. Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 10 15 2015 City State Zip Code Transaction ID: 201511049569-31 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Director Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 4166.60 Other (specify) Full Name (Last, First, Middle Initial) c. Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 10 2015 Suite 500, South Building City State Zip Code Transaction ID: 2015110495242-31 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation Senior Director Public Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 4166.60 Other (specify) 499.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 27 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Claire A. Levesque Date of Receipt Mailing Address 280 Manning St 2015 10 09 City Zip Code State Transaction ID: 134DD9EC787145E59C1B Needham MA 02492-3508 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation ef Medical Officer, Commercial Product Tufts Health Plan Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Holly Macmoran Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 10 15 2015 City State Zip Code Transaction ID: 201511049569-33 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Program Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 416.60 Other (specify) Full Name (Last, First, Middle Initial) c. Holly Macmoran Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 10 2015 City State Zip Code Transaction ID: 2015110495242-33 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Program Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 416.60 Other (specify) 291.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE 28 OF 47
Use separate schedule(s) for each category of the	(check only one)	
Detailed Summary Page	X 11a 11b	11c 12
	13 14	15 16 17

Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Amber Manko Mailing Address 601 Pennsylvania Avenue N.W		Date of Receipt
Suite 500, South Building	··	10 15 2015
City	State Zip Code	Transaction ID : 201511049569-34
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer	Occupation	
America's Health Insurance Plans	Deputy Director, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	729.12	
Full Name (Last, First, Middle Initial) Amber Manko		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		10 30 2015
City	State Zip Code	Transaction ID: 2015110495242-34
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
America's Health Insurance Plans	Deputy Director, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	729.12	
Full Name (Last, First, Middle Initial) Debi Manning		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building		10 15 2015
City	State Zip Code	Transaction ID: 201511049569-35
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
America's Health Insurance Plans	Director of Human Resources	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)	>	103.34
TOTAL This Period (last page this line number of	only)	

	FOR LINE NUMBER:	PAGE	29 OF	47
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
	13 14	15	16	717

	Statements may not be sold or used by any personal he name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance PI	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 604 Pennsylvania Avenue N	J.M.	Date of Receipt
Mailing Address 601 Pennsylvania Avenue N	N.VV.	10 30 - 2015 -
Suite 500, South Building City	State Zip Code	10 30 2015 Transaction ID : 2015110495242-35
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
America's Health Insurance Plans	Director of Human Resources	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Anthony Meoni		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N	I.W.	M = M / D = D / Y = Y = Y
Suite 500, South Building City	State Zip Code	10 30 2015
Washington	DC 20004	Transaction ID: 2015110495242-37
	1000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.50
Name of Employer	Occupation	
America's Health Insurance Plans	Vice President, IT	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial) C. Thomas Meyers	1	Date of Receipt
Mailing Address 601 Pennsylvania Avenue I Suite 500, South Building		10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004	Transaction ID: 201511049569-38 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	1
America's Health Insurance Plans	Executive Director Product Policy	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional).	····	50.50
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 30 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Thomas Meyers Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2015 10 City Zip Code State Transaction ID: 2015110495242-38 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 10 15 2015 City State Zip Code Transaction ID: 201511049569-40 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 10 2015 Suite 500, South Building City State Zip Code Transaction ID: 2015110495242-40 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 С federal political committee. Name of Employer Occupation Senior Associate Counsel America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 145.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 31 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stror for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Lisa Miller Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Deputy Director, Meeting Services Aggregate Year-to-Date 208.40	Date of Receipt 10 30 2015 Transaction ID: 2015110495242-41 Amount of Each Receipt this Period 10.42
Full Name (Last, First, Middle Initial) Martin Mitchell Jr. Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Other (specify)	State Zip Code DC 20004 C Occupation Director Product Policy Aggregate Year-to-Date 466.60	Date of Receipt 10 15 2015 Transaction ID: 201511049569-42 Amount of Each Receipt this Period 20.83
Full Name (Last, First, Middle Initial) Martin Mitchell Jr. Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Director Product Policy Aggregate Year-to-Date 466.60	Date of Receipt 10 30 2015 Transaction ID: 2015110495242-42 Amount of Each Receipt this Period 20.83
SUBTOTAL of Receipts This Page (optional)		52.08
TOTAL This Period (last page this line number of	nlv)	

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Use separate schedule(s)	(che	eck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
_ common common, conge		13		14		15		16		17

	d Statements may not be sold or used by any per- the name and address of any political committee t	
NAME OF COMMITTEE (In Full) Americas Health Insurance P	lans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Nora E. Moreno Cargie Mailing Address 1104 Symmes Cir		Date of Receipt
City Arlington	State Zip Code MA 02474-2972	10 05 2015 Transaction ID: 07835F0B6CCB4A83AB32 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00
Tufts Health Plan Receipt For: Primary General Other (specify) ▼	Executive Director Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Robert Mullen Mailing Address 3904 37th St NW		Date of Receipt 10 02 2015
City Canton	State Zip Code OH 44718-3008	Transaction ID : 770D8ECB0FEB4D1DACE Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Aultcare	Occupation General Counsel	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Joe Novak		Date of Receipt
Mailing Address 2600 6th St SW City Canton FEC ID number of contributing federal political committee. Name of Employer Aultcare	State Zip Code OH 44710-1702 C Occupation Svp, Corporate Services	Transaction ID: 3F384D8152504ED18E6D Amount of Each Receipt this Period 500.00
Auttcare Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	•	1250.00
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER: PAGE 33 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Jay Perron Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 10 City Zip Code State Transaction ID: 201511049569-43 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1199.96 Other (specify) Full Name (Last, First, Middle Initial) B. Jay Perron Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 10 30 2015 City State Zip Code Transaction ID: 2015110495242-43 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1199.96 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 10 15 2015 City State Zip Code Transaction ID: 201511049569-44 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Name of Employer Occupation Senior Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 291.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 34 OF

TE	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a
An or	y information copied from such Reports and Strong commercial purposes, other than using the	atements ma	ay not be sold or used by any poddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (A	AHIP PAC)	
Δ.	Full Name (Last, First, Middle Initial) Mark Pratt Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General	State DC C Occupation Senior Vice	Zip Code 20004 President Year-to-Date ▼	Date of Receipt 10 30 2015 Transaction ID: 2015110495242-44 Amount of Each Receipt this Period 125.00
В.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Roland Price		2500.00	Date of Receipt
	Mailing Address 34 Teele Ave City West Somerville FEC ID number of contributing federal political committee.	State MA	Zip Code 02144-1212	10 05 2015 Transaction ID: E67ABA7445A94D5986FD Amount of Each Receipt this Period 250.00
	Name of Employer Tufts Health Plan Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Vice Preside Aggregate		
C.	Full Name (Last, First, Middle Initial) Ingrid Reeves Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington	State	Zip Code 20004	Date of Receipt 10 15 2015 Transaction ID: 201511049569-45 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General	Occupation Vice Presid		20.83
	Other (specify) ▼ UBTOTAL of Receipts This Page (optional) DTAL This Period (last page this line number of		<u> </u>	395.83
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FOR LINE NUMBER: PAGE 35 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Ingrid Reeves Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2015 10 City Zip Code State Transaction ID: 2015110495242-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Membership Receipt For: Aggregate Year-to-Date ▼ Primary General 416.60 Other (specify) Full Name (Last, First, Middle Initial) B. James R. Savage Date of Receipt Mailing Address 500 Bachtel St SE 10 02 2015 City State Zip Code Transaction ID: A6538EE062794D3AA0C6 North Canton OH 44720-3145 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation AultCare Assistant Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Melissa Shelton Date of Receipt Mailing Address 3371 Hadrian Cir NW 02 10 2015 City Zip Code State Transaction ID: 0E71BA8196BA4EA39AD3 OH Canton 44708-5915 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation AVP, HR and Training Aultcare Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1020.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 36 OF Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	AC (AHIP PAC)	
America's Health Insurance Plans Receipt For: Primary Other (specify) ▼ Aggr	'	Date of Receipt 10 15 2015 Transaction ID: 201511049569-47 Amount of Each Receipt this Period 41.67
America's Health Insurance Plans Senio	'	Date of Receipt M M M / 30 2015 Transaction ID: 2015110495242-47 Amount of Each Receipt this Period 41.67
AHIP Mana	•	Date of Receipt 10 15 2015 Transaction ID: 201511049569-48 Amount of Each Receipt this Period 20.83
SUBTOTAL of Receipts This Page (optional)	·····	104.17

	FOF	LINE	NU	MBER	:	PAGE	: ;	37 OI	F	47
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Kristin Stewart Smoot Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer AHIP Receipt For: Primary General Other (specify)	.W. State Zip Code DC 20004 C Occupation Manager, Special Projects Aggregate Year-to-Date ▼ 416.60	Date of Receipt 10 30 2015 Transaction ID: 2015110495242-48 Amount of Each Receipt this Period 20.83
Full Name (Last, First, Middle Initial) Patricia Trebino Mailing Address 142 Manning St City Needham FEC ID number of contributing federal political committee. Name of Employer Tufts Health Plan Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code MA 02494-1541 C Occupation SVP of Operations, CIO Aggregate Year-to-Date ▼ 500.00	Date of Receipt 10 05 2015 Transaction ID: 5E7E4DB7C2FF416DAC58 Amount of Each Receipt this Period 500.00
Aaron Tucker Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	State Zip Code DC 20004 C Occupation Senior Legislative & Regulatory Analys Aggregate Year-to-Date 208.40	Date of Receipt 10 30 2015 Transaction ID: 2015110495242-49 Amount of Each Receipt this Period 10.42
SUBTOTAL of Receipts This Page (optional)	•	531.25
TOTAL This Period (last page this line number	r only)	

	FOR LINE NUMB	BER: PAGE	E 38 OF	47
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 111	b 11c	12	
	13 14	15	16	717

	Statements may not be sold or used by any pershe name and address of any political committee t			
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ans PAC (AHIP PAC)			
Full Name (Last, First, Middle Initial) A. Mark Van Koevering		Date of Receipt		
Mailing Address 601 Pennsylvania Avenue N	1.W.	M = M / D = D / Y = Y = Y		
Suite 500, South Building City	State Zip Code	10 15 2015 Transaction ID : 201511049569-50		
Washington	DC 20004	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	83.33		
Name of Employer	Occupation	-		
America's Health Insurance Plans	Executive Director			
Receipt For:	Aggregate Year-to-Date ▼	1		
Primary General Other (specify) ▼	1816.60			
Full Name (Last, First, Middle Initial) Mark Van Koevering	1	Date of Receipt		
Mailing Address 601 Pennsylvania Avenue N	I.W.	10 30 _2015 _		
Suite 500, South Building City	, ,			
Washington	DC 20004	Transaction ID : 2015110495242-50 Amount of Each Receipt this Period		
FEC ID number of contributing	1000	Amount of Each necept this renou		
federal political committee.	C	83.33		
Name of Employer	Occupation]		
America's Health Insurance Plans	Executive Director			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	1816.60			
Full Name (Last, First, Middle Initial) C. Kristi Wick	'	Date of Receipt		
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building		10 15 2015		
City Washington	State Zip Code DC 20004	Transaction ID : 201511049569-51		
-	20004	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	20.83		
Name of Employer	Occupation	-		
America's Health Insurance Plans	Digital Media Coordinator			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	441.60			
Unier (specify) ▼	441.00			
SUBTOTAL of Receipts This Page (optional)	>	187.49		
TOTAL This Period (last page this line number	er only)			

FOR LINE NUMBER: PAGE 39 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Kristi Wick Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 10 30 City Zip Code State Transaction ID: 2015110495242-51 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Digital Media Coordinator Receipt For: Aggregate Year-to-Date ▼ Primary General 441.60 Other (specify) Full Name (Last, First, Middle Initial) B. Tiffany Good Witmer Date of Receipt Mailing Address 508 Kurzen Rd N 10 02 2015 City State Zip Code Transaction ID: 888AA731066A4AE9A6EF OH Dalton 44618-9214 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation AultCare Insurance Company Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Bryan Woit Date of Receipt Mailing Address 7712 Diamondback Ave NW 02 2015 City Zip Code State Transaction ID: 07E7762B012B4ED3880D OH Canal Fulton 44614-8160 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation AultCare Insurance Company Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1020.83 SUBTOTAL of Receipts This Page (optional)..... 20045.86 TOTAL This Period (last page this line number only).....

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S	CHEDULE A (FEC Form 3X)		Han conserts asked (4)	FOR LINE NUMBER: PAGE 40 OF 47			
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b X 11c 12 13 14 15 16 17			
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements mand a	ay not be sold or used by any paddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (AHIP PAC)				
Α.	Full Name (Last, First, Middle Initial) Mutual of Omaha Companies PAC (IN	ЛРАС)		Date of Receipt			
	Mailing Address Mutual of Omaha Plaza			10 15 2015			
	City Omaha	State NE	Zip Code 68175	Transaction ID : 62D8AC9B87214BFFAA30 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C co	0094581	5000.00			
	Name of Employer	Occupation	1				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00				
— В.	Full Name (Last, First, Middle Initial)			Date of Receipt			
υ.	Mailing Address			M = M / D = D / Y = Y = Y			
	City	State	Zip Code	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С					
	Name of Employer	Occupation	1				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼				
— С.	Full Name (Last, First, Middle Initial)			Date of Receipt			
٥.	Mailing Address			M M / D D / Y Y Y Y Y			
	City	State	Zip Code	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		Through the Follow			
	Name of Employer	Occupation	1				
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼				
	IIRTOTAL of Receipts This Page (ontional)			5000.00			

TOTAL This Period (last page this line number only).....

5000.00

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 41 OF 47			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(oricon orin)					
	Detailed Summary Page	X 21b 27		23 24 25 26 28b 28c 29 30b			
Any information copied from such Reports and Statem	nents may not be sold or us	sed by any pers	on for the purp	ose of soliciting contributions			
or for commercial purposes, other than using the name	ne and address of any politi	cal committee to	solicit contribu	itions from such committee.			
NAME OF COMMITTEE (In Full)							
Americas Health Insurance Plans F	PAC (ARIP PAC)						
Full Name (Last, First, Middle Initial)			Data of Dial	h			
A. Bank of America			Date of Disl				
Mailing Address P.O. Box 25118			10 15 2015				
	State Zip Code		Transaction ID : CC57903ECC156912DD8				
Tampa Purpose of Disbursement	FL 33622-5118		Transaction	MID: 003/303E00130312DD0			
Bank Service Charge		001	Amount of E	Each Disbursement this Period			
Candidate Name		Category/		04.00			
		Type		24.00			
Office Sought: House Disbursen Senate	nent For: Primary General						
	Other (specify)						
State: District:	(-1) (-1)						
Full Name (Last, First, Middle Initial)							
B. DBGB Kitchen and Bar			Date of Disl	bursement			
Mailing Address 204 H.O ANN			M M /	D D / Y Y Y Y Y			
Mailing Address 931 H Street NW			10	21 2015			
City	State Zip Code		Transactio	on ID : VA080E069F4731338224			
Washington Purpose of Disbursement	DC 20001						
Internal PAC Event		001	Amount of E	Each Disbursement this Period			
Candidate Name		Category/					
		Type		723.25			
Office Sought: House Disbursen							
	Primary General						
State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C.			Date of Disl	bursement			
			M = M /	D D / Y Y Y Y Y			
Mailing Address							
City	State Zip Code						
Purpose of Disbursement							
·			Amount of Each Disbursement this Per				
Candidate Name		Category/					
		Type		, , , , , , , , , , , , , , , , , , , ,			
Office Sought: House Disbursen Senate	nent For: Primary General						
	Other (specify)						
State: District:	(1 · · · · y)						
SUBTOTAL of Disbursements This Page (optional)				747.25			
TOTAL This Desired floor and the first terms of the				747.25			
TOTAL This Period (last page this line number only)				1			

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 42 OF 47			
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orleast orliny	,	_			
	Detailed Summary Page	21b	22 🗙 23	24 25 26			
		27	28a 28b	28c 29 30b			
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full)	no and address of any point	odi committee to	CONOR CONTRIBUTIONS IN	MI Scott Committee.			
Americas Health Insurance Plans I							
Americas mealth instrance mains i	AC (AIIII I AC)						
Full Name (Last, First, Middle Initial)							
A. Becerra for Congress			Date of Disburseme	nt			
Mailing Address DO Day 74504			M M / D D	/ Y Y Y Y			
Mailing Address PO Box 71584			10 02 2015				
City	State Zip Code						
Los Angeles	CA 90071		Transaction ID: 4	454E3B878963614679			
Purpose of Disbursement 2016 Primary		200					
Candidate Name		011	Amount of Each Dis	sbursement this Period			
Xavier Becerra		Category/ Type		1000.00			
	ment For: 2016	Туре	7				
	Primary General						
President	Other (specify) ▼						
State: CA District: 34							
Full Name (Last, First, Middle Initial)			5				
B. Bilirakis for Congress			Date of Disburseme				
Mailing Address PO Box 606			M M / D D D D D D D D D D D D D D D D D	2015			
Maining Address FO Box 600			10 00	2010			
City	State Zip Code		Transaction ID · C	248EF658AD28FE6EE48			
Tarpon Springs	FL 34688-0606		Transaction is . c	HOLI GOORDEGI EGELHO			
Purpose of Disbursement 2016 Primary		011	Amount of Each Dis	sbursement this Period			
Candidate Name			Amount of Each Dis	soursement this i chou			
Gus Michael Bilirakis		Category/ Type		1000.00			
Office Sought: House Disburser	ment For: 2016	7.					
	Primary General						
President	Other (specify) ▼						
State: FL District: 12							
Full Name (Last, First, Middle Initial)			Date of Disburseme	ent			
C. Brad Ashford for Congress			M M / D D	/ Y Y Y Y Y			
Mailing Address PO Box 24023			10 06	2015			
,	State Zip Code		Transaction ID: 4	5C384AEEF68C2D9863			
Omaha Purpose of Disbursement	NE 68124						
2016 Primary		011	Amount of Each Dis	sbursement this Period			
Candidate Name		Category/	Amount of Edon Bio				
Brad Ashford		Type		1000.00			
	ment For: 2016						
Senate	Primary General						
State: NE District: 02	Other (specify) ▼						
7.0							
SUBTOTAL of Disbursements This Page (optional)				3000.00			
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TOTAL This Period (last page this line number only)							

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 43 OF 47					
IT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the) (check only	v one)				
		Detailed Summary Page	21b	22 🗙 23 24 25	26			
_			27	28a 28b 28c 29	30b			
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam							
	NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,						
$ \rangle$	Americas Health Insurance Plans F	PAC (AHIP PAC)						
_	Full Name (Last, First, Middle Initial)							
Α.	Carlos Curbelo Congress			Date of Disbursement				
	Mailing Address 8724 SW 72nd St			10 27 2015	Y			
	City	State Zip Code		Transaction ID : F461591604BA62C19C1				
	Miami	FL 33173-3512		1141154CUOII ID . F40 139 1004BA	0201901			
	Purpose of Disbursement 2016 Primary		011	Amount of Each Disbursement this	s Period			
	Candidate Name		Category/	100	00.00			
	Carlos Luis Curbelo		Type	100	00.00			
	Senate	nent For: 2016 Primary General Other (specify)						
	State: FL District: 26							
	Full Name (Last, First, Middle Initial)							
В.	Georgians for Isakson			Date of Disbursement				
	Mailing Address Post Office Box 250116			10 27 2015				
	Atlanta	State Zip Code GA 30325		Transaction ID : EB278C908A61	AA0727F			
	Purpose of Disbursement 2016 Primary		011	Amount of Each Disbursement this Period				
	Candidate Name		Category/	25	00.00			
	Johnny H. Isakson Office Sought: House Disbursen	nent For: 2016	Туре					
	X Senate	Primary General Other (specify)						
_	Full Name (Last, First, Middle Initial)							
C.	Guthrie for Congress	Date of Disbursement						
	Mailing Address PO Box 9639	10 06 2015	Y					
	City		Transaction ID : B883F8F7B960	1E56911				
	Bowling Green Purpose of Disbursement							
	2016 Primary	011	Amount of Each Disbursement this	s Period				
	Candidate Name	Category/	100	00.00				
	S. Brett Guthrie	Туре	100	00.00				
	Senate President	nent For: 2016 Primary General Other (specify)						
	State: KY District: 02							
5	SUBTOTAL of Disbursements This Page (optional)		·····•	450	00.00			
1	TOTAL This Period (last page this line number only)		·····•					

SCHEDULE B (FEC Form 3X)	Han an extended to the control of th	, FOR LINE	NUMBER:	PAGE 44 OF 47		
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oricon oriny				
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30		
Any information copied from such Reports and Stater						
or for commercial purposes, other than using the nan	ne and address of any pol	itical committee to	solicit contributions fr	om such committee.		
NAME OF COMMITTEE (In Full)	- 1 0 (11 U.S 10)					
Americas Health Insurance Plans I	PAC (AHIP PAC)					
Full Name (Last, First, Middle Initial)						
A. AMERIPAC: The Fund for a Great	er America		Date of Disburseme	ent		
Mailing Address 700 13th Street NW Suite 600			10 30	2015		
	State Zip Code					
Washington	DC 20005		Transaction ID : I	F324380A640991BBD47		
Purpose of Disbursement Funds allocated from contribution to Hoyer's Majori	ty Fund (C00513002).	011	Amount of Each Di	sbursement this Period		
Candidate Name AMERIPAC: The Fund for a Greate	ar America	Category/		2500.00		
	ment For: 2015	Туре	IMENO ITEM			
Senate	Primary General		[MEMO ITEM]			
President	Other (specify) ▼					
State: District:	Contribution	on				
Full Name (Last, First, Middle Initial)						
B. Hoyer for Congress			Date of Disburseme	ent		
Mailing Address 700 13th Street NW Suite 600			10 30	2015		
City Washington	State Zip Code DC 20005		Transaction ID:	BC7F63D79CEF9B4A76		
Purpose of Disbursement Funds allocated from contribution to Hoyer's Majori	ity Fund (C00513002).	011	Amount of Each Di	sbursement this Period		
Candidate Name		Category/				
Steny Hamilton Hoyer		Type	2500.00			
	ment For: 2016 Primary General Other (specify)		[MEMO ITEM]			
State: MD District: 05	Other (specify)					
Full Name (Last, First, Middle Initial) C. Hoyer's Majority Fund			Date of Disburseme	ent		
Hoyer's majority I unu			M M / D D	/ Y Y Y Y		
Mailing Address 700 13th Street NW Suite 600			10 30	2015		
	State Zip Code		Transcation ID - (04E3D		
Washington	DC 20005		Transaction ID: 8	84F2BA1C2D1F673068		
Purpose of Disbursement 2015 Contribution	Amount of Each Disbursement this Period					
Candidate Name						
Hoyer's Majority Fund		Category/ Type		5000.00		
Office Sought: House Disburser Senate President	ment For: 2015 Primary General Other (specify)					
State: District:	Other (specify) ▼ Contribution	on				
SUBTOTAL of Disbursements This Page (optional)				5000.00		
TOTAL This Period (last page this line number only)	1					
I TIAL THIS I CHOU (last page this line number only	J		T 1 1 40 1	1 (0 1 1 (0 1		

		FOR LINE	NUMBER: PAGE 45 OF 47
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 X 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	is and dadress of any point		
Americas Health Insurance Plans F	PAC (AHIP PAC)		
	710 (711111 1710)		
Full Name (Last, First, Middle Initial)			5
A. Kuster for Congress, Inc.			Date of Disbursement
Mailing Address PO Box 1498			10 02 2015
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City	State Zip Code		Transaction ID: 317B4EFF70A51B7D696
Concord	NH 03302		Transaction ib . 317 b4ETT 70A31B7 b030
Purpose of Disbursement 2016 Primary		011	Amount of Each Disbursement this Period
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Ann McLane Kuster		Category/ Type	1000.00
	nent For: 2016	71	, ,
Senate	Primary General		
President	Other (specify) ▼		
State: NH District: 02			
Full Name (Last, First, Middle Initial)			Date of Disbursement
B. Making America Prosperous PAC			Man / Dan / Yayayay
Mailing Address PO Box 2485			10 282015
City	State Zip Code		Transaction ID : 1605D1D07BB2225A8C6
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Springfield Purpose of Disbursement	VA 22152-0485		
Springfield Purpose of Disbursement 2015 Contribution	VA 22152-0485	011	Amount of Each Disbursement this Period
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Purpose of Disbursement 2015 Contribution Candidate Name Making America Prosperous PAC	22.02.0.00	011 Category/ Type	
Purpose of Disbursement 2015 Contribution Candidate Name Making America Prosperous PAC Office Sought: House Disbursen	nent For: 2015	Category/	Amount of Each Disbursement this Period
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Purpose of Disbursement 2015 Contribution Candidate Name Making America Prosperous PAC Office Sought: House Disbursen Senate President State: District:	nent For: 2015 Primary General Other (specify) Contribution	Category/ Type	Amount of Each Disbursement this Period 2500.00
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Purpose of Disbursement 2015 Contribution Candidate Name Making America Prosperous PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Marsha Blackburn for Congress, In Mailing Address PO Box 3750	nent For: 2015 Primary General Other (specify) Contribution	Category/ Type	Amount of Each Disbursement this Period 2500.00 Date of Disbursement
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Purpose of Disbursement 2015 Contribution Candidate Name Making America Prosperous PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Marsha Blackburn for Congress, In Mailing Address PO Box 3750 City Brentwood Purpose of Disbursement	nent For: 2015 Primary General Other (specify) Contribution C. State Zip Code	Category/ Type	Amount of Each Disbursement this Period 2500.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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			Summary Page	21	22 28a	X 23 28b	24	; 29		26 30b
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	information copied from such Reports and Staten or commercial purposes, other than using the nam									
<u> </u>	NAME OF COMMITTEE (In Full)									
\	Americas Health Insurance Plans F	PAC (Al	HP PAC)							
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	Full Name (Last, First, Middle Initial)				Data	of Disburs	omont			
۸.	Prosperity Action Inc.				M M			Y	V	
N	Mailing Address 1006 Pendleton Street				10		26	2015		
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	,	State	Zip Code		Trans	saction II) : 28026	BD38BF	09829A[DD
_	Alexandria Purpose of Disbursement	VA	22314		_					
·	2015 Contribution			011	Amour	nt of Each	Disburse	ement th	is Period	d
7	Candidate Name			Category/						-
F	Prosperity Action Inc.			Type		7		50	00.00	
C	Office Sought: House Disburser	nent For:	2015							
	Senate	Primary	General							
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_	Renee Ellmers for Congress Comr	nittee			Date of	of Disburs	ement			
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N	Mailing Address PO Box 99567				10	J L	06	2015	5	
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	,	State NC	Zip Code 27624		Tran	saction I	D : D0FC	D8BA189	B2C26E	B15
F	Raleigh Purpose of Disbursement		Zip Code 27624		Tran	saction I	D : D0FCI	D8BA189	B2C26E	B15
F	Raleigh Purpose of Disbursement 2016 Primary			011			D: D0FC l			
F	Raleigh Purpose of Disbursement 2016 Primary Candidate Name			Category/				ement th	is Period	
F	Raleigh Purpose of Disbursement 2016 Primary Candidate Name Renee L. Ellmers	NC	27624					ement th		
F	Raleigh Purpose of Disbursement 2016 Primary Candidate Name Renee L. Ellmers Office Sought: House Disbursen	NC	27624	Category/				ement th	is Period	
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F - F	Raleigh Purpose of Disbursement 2016 Primary Candidate Name Renee L. Ellmers Office Sought: House Senate President State: NC District: 02 Full Name (Last, First, Middle Initial)	nent For: Primary	27624 2016 General	Category/	Amour	nt of Each	n Disburso	ement th	is Period	
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5 C M	Raleigh Purpose of Disbursement 2016 Primary Candidate Name Renee L. Ellmers Office Sought: House Senate President President State: NC District: 02 Full Name (Last, First, Middle Initial) Tim Scott for Senate Mailing Address 1405 Ashley River Rd City Charleston Purpose of Disbursement 2016 Primary Candidate Name Timothy Eugene Scott Office Sought: House Senate President Disburser Senate President	nent For: Primary Other (spe	27624 2016	Category/ Type 011 Category/	Date of 10	of Disburs	ement 30 D: 0E8A8	2015 22689876	is Period 000.00 Specific Period is Period	83
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 47 OF 47					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)				
	Detailed Summary Page	21b 27		24 25 26 28c 29 30b			
Any information copied from such Reports and Staten	I nents may not be sold or use						
or for commercial purposes, other than using the name	ne and address of any political	al committee to	solicit contributions from	such committee.			
NAME OF COMMITTEE (In Full)							
Americas Health Insurance Plans F	PAC (AHIP PAC)						
Full Name (Last, First, Middle Initial)							
A. Upton for All of Us			Date of Disbursement				
Mailing Address PO Box 490			10 01	2015			
City	State Zip Code		Transaction ID : 1A6	63E8F04EBA5C3A1FC			
St. Joseph Purpose of Disbursement	MI 49085		Transaction ib . TAG	DOLON OFEBASCOATI C			
2016 Primary		011	Amount of Each Disbu	ursement this Period			
Candidate Name		Category/		2500.00			
Fredrick Stephen Upton		Туре		2500.00			
	nent For: 2016 Primary General						
President	Other (specify)						
State: MI District: 06	(1 - 3/ ∀						
Full Name (Last, First, Middle Initial)							
B. Walters for Congress			Date of Disbursement				
Mailing Address 300 Spectrum Center Dr #400			10 02	2015			
City S	State Zip Code CA 92618		Transaction ID: 005	50B70E3CE586048C2			
Purpose of Disbursement 2016 Primary		011	Amount of Each Disbu	recoment this Period			
Candidate Name			Amount of Each Disbi	disement this Period			
Mimi K. Walters		Category/ Type		1000.00			
	nent For: 2016						
Senate	Primary General						
President State: CA District: 45	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C.			Date of Disbursement				
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City	City State Zip Code						
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Candidate Name		Category/ Type	Amount of Each Disbu	ursement this Period			
Office Sought: House Disburser	nent For:	71					
Senate	Primary General						
President	Other (specify) ▼						
State: District:							
SUBTOTAL of Disbursements This Page (optional)				3500.00			
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TOTAL This Period (last page this line number only)				33500.00			